https://doi.org/10.5205/1981-8963.2019.241220

Journal of Nursing
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

NURSING TECHNICIANS WORK PROCESS

PROCESSO DE TRABALHO DOS TÉCNICOS DE ENFERMAGEM

PROCESO DE TRABAJO DE LOS TÉCNICOS DE ENFERMERÍA

Patricia Marafon Silva[1], Graciela Cabreira Gehlen[2], Camila Marcondes[3], Mariangela Gobatto[4]

ABSTRACT

Objective: to recognize the work process of nursing technicians working in Family Health Strategies. ***Method:*** this is a qualitative, descriptive study with 22 nursing technicians during the Permanent Education in Health workshops on the health work process, through the analysis of the objects produced by the workers and the discussions recorded in diaries of field of researchers, which were interpreted in light of the technique of Content Analysis. ***Results:*** professionals were identified who developed their activities based on the principles of integrality, universality and intersectoriality, in the work process based on team responsibility and in the struggle to overcome the biomedical model, in the user's search for the service. ***Conclusion:*** it was concluded that nursing technicians identified themselves as a gateway to the service; however, they experienced difficulties regarding professional recognition and emphasized the need for permanent health education as a space to discuss and / or improve the work processs. ***Descriptors*:** Education Continuing; Primary Health Care; Licensed Practical Nurses; Family Health; Health Services; Public Health.

RESUMO

Objetivo*:** reconhecer o processo de trabalho dos técnicos de enfermagem atuantes em Estratégias de Saúde da Família. ***Método*:** trata-se de estudo qualitativo, descritivo, com 22 técnicos de enfermagem, durante as oficinas de Educação Permanente em Saúde sobre o processo de trabalho em saúde, por meio da análise dos os objetos produzidos pelos trabalhadores e as discussões registradas em diários de campo dos pesquisadores, que foram interpretados à luz da técnica de Análise de Conteúdo. ***Resultados*:** identificaram-se os profissionais que desenvolveram as suas atividades baseadas nos princípios da integralidade, universalidade e intersetorialidade, no processo de trabalho pautado na responsabilidade de equipe e na luta pela superação do modelo biomédico, na procura do usuário pelo serviço. ***Conclusão: conclui-se que os técnicos de enfermagem se identificaram como uma porta de entrada do serviço, no entanto, sentiram dificuldades quanto ao reconhecimento profissional e destacaram a necessidade da educação permanente em saúde como um espaço para debater e/ou aperfeiçoar o processo de trabalho. ***Descritores*:** Educação Permanente; Atenção Básica; Técnico de Enfermagem; Saúde da Família; Serviços de Saúde; Saúde Pública.

RESUMEN

Objetivo: reconocer el proceso de trabajo de los técnicos de enfermería que actuan en Estrategias de Salud Familiar. ***Método:*** se trata de estudio cualitativo, descriptivo con 22 técnicos de enfermería durante los talleres de Educación Permanente en Salud sobre el proceso de trabajo de salud, a través del análisis de los objetos producidos por los trabajadores y las discusiones registradas en los diarios de Campo de los investigadores, que fueron interpretados a la luz de la técnica de Análisis de Contenido. ***Resultados:*** se identificaron los profesionales que desarrollaron sus actividades basadas en los principios de integralidad, universalidad e intersectorialidad, en el proceso de trabajo basado en la responsabilidad de equipo y en la lucha por la superación del modelo biomédico, en la búsqueda del usuario por el servicio. ***Conclusión:*** se concluye que los técnicos de enfermería se identificaron como una puerta de entrada del servicio, sin embargo, experimentaron dificultades con respecto al reconocimiento profesional y enfatizaron la necesidad de la educación de salud permanente como un espacio para discutir y / o perfeccionar el proceso de trabajo. ***Descriptores*:** Educación Continua; Atención Primaria de Salud; Enfermeros no Diplomados; Salud de la Família; Servicios de Salud; Salud Pública.

[1,2,3,4]Federal Institute of Paraná. Palmas (PR), Brazil. ORCID: https://orcid.org/0000-0002-7837-5211 ORCID: https://orcid.org/0000-0002-4345-4489 ORCID: https://orcid.org/0000-0002-0009-0531 ORCID: https://orcid.org/0000-0002-5427-7297

How to cite this article

Silva PM, Gehlen GC, Marcondes C, Gobatto M. Nursing technicians work process. J Nurs UFPE on line. 2019;13:e241220 DOI: https://doi.org/10.5205/1981-8963.2019.241220

INTRODUCTION

It is understood that Brazilian health services, especially primary health care, gradually move towards the paradigm shift of the health-disease process, with the purpose of producing health instead of palliatively treating the conditions of illness of a population vulnerable in different aspects. It is understood that this scenario, rooted in a strongly biomedical culture, that is produced and reproduced in the action of health professionals in the daily work, refers to the need to rethink the processes of initial and continuous training of professionals and propose mechanisms of concrete changes in ways of conducting work.[1]

It is proposed, as a way of provoking the debate about the work processes, as well as the strengthening of the integration between the educational institutions, the services and the Unified Health System (UHS), by this article, to reflect on the work process of Nursing technicians working in Family Health Strategies (FHS), based on the analysis of Permanent Education in Health workshops. It should be emphasized that the study is an integral part of the research project "Permanent Education in the health services of the municipality of Pato Branco, Paraná", approved in the Ethics Committee under No. 2,748,016, developed from the integration agreement between (COAPES), and carried out between the health institutions of Pato Branco and the Federal Institute of Paraná, Campus Palmas.

It is known that in Brazil the National Policy on Permanent Education in Health (NPPEH) recommends that actions must overcome the fragmentation of the work process within the network based on the specificities and needs of the local health secretariats and the Health Units, starting from the identification of these difficulties. Permanent Education in Health (PEH) is considered an active methodology in relation to the problematization of the work process, and that it proposes new ways of thinking and acting on daily life, in order to guarantee the improvement of health care through education based on the needs of the service. It is pointed out that this practice arose from the constitution of the Unified Health System (UHS), which demands an expanded training that deals in a humanistic way and throws a new look at the health-disease process.[2]

It is evaluated that the health work processes need to be redistributed and rethought by the workers themselves, since the guidelines and principles of UHS demand that health practices should be guided by the determinants of the health-disease process, taking into account the social, cultural, biological, psychological and economic factors, and that the emphasis on pain in curative processes, medicalization, reduction of injuries and injuries and hospital care as a key point of the network.[1]

It is postulated that the training institutions need to adjust to this new way of doing health; however, this training encounters difficulties in the teaching of integral care, pointing to the profile of unskilled professionals enough for the new health care, still focusing on specializations. There is also a distance between the user, the professional and the manager when it comes to health care, which may make it difficult to act and even remove it from the relevant services.[3]

It is noted that health professionals need to be prepared to meet the health needs of the population and, in this regard, PEH comes to problematize the work process itself, seeking improvements through this reflection on its know-how. It is considered that the actions should be directed to the real need of the public that covers it.[4]

It is described, in this context, that the Nursing technician has specific functions in the FHS: to perform technical procedures; health care and education within the unit, at home or in community spaces, when necessary; fulfill spontaneous demands and participate in PEH activities, being configured as a worker's right.[5]

The process of work in Nursing is constituted by objects, agents, instruments, purpose, methods of work and product. It is defined that the object is what one works, promoting a change of its nature, in this case, the individual health users; the agents are those who transform the state of nature and intervene in the object, those who perform the work, in this case, the health worker; the instruments are the means used to modify the object, in health, with the use of light, hard and light-hard technologies; the purpose refers to the reason why this work is done, in this case, to improve the health conditions of the users in question; the methods are actions that seek the purpose and that are exerted by the agents from the work object, using the selected instruments; Finally, the output of labor would be the final health output.[6]

It is argued that, for Nursing work, the analysis of the intersubjective dimension of the process is extremely important, since it is a practice in which technical intervention is always permeated by interaction, with the ethical and communicative dimensions immediately associated.[7]

In this sense, it is pointed out that the Permanent Education in Health (PEH) proposes the reflection with the objective of materializing the constructive elements of the work process of the professionals, within the context of the practices, as a way of producing health, based on wholeness care and use of the most varied technologies. It is, therefore, an important tool to discuss and re-

https://doi.org/10.5205/1981-8963.2019.241220

adjust health practices, since it allows reflection on the work.[4]

The aim of this article is to recognize the work process of Nursing technicians working in Family Health Strategies (FHSs), in the city of Pato Branco (PR), from the analysis of PEH workshops.

OBJECTIVE

- To recognize the work process of nursing technicians working in Family Health Strategies.

METHOD

It is a qualitative, descriptive study, based on the analysis of the PEH workshop products developed by the action research methodology.

It is identified that qualitative research seeks to "understand, describe and explain natural phenomena" [8] from the individuals participating in the research, with an analysis of their experience through observation and recording of practices, investigations of histories, biographies and research of documents or even the experience in practice.[8]

Among the methodological approaches of qualitative research that may be used, as pertinent to the object of this study, is the methodology of action research, associated with several forms of collective action, which is oriented as a function of solving problems or objects of transformation, that is, a form of research that proposes to carry out an action collectively.[9]

It is considered the development of action research in the Family Health Strategy as a privileged space, considering that this place provides the social construction of knowledge through the participation of those involved in this process of change and transformation of their realities.[9]

It is reported that the research scenario was the Basic Network of Health Care of the municipality of Pato Branco (PR), specifically, the PEH actions in the 17 FHS. Among the needs indicated by the coordination of PEH of the municipality, it is necessary to reflect on the work process in the daily life of the services with the health teams developed separately according to the professional category.

In this study, the PEH workshops performed with 50% of the 44 nursing technicians, totaling 22 professionals was analyzed. Sampling is composed by a group of people who have a significant representation according to the subject being approached, being selected by the researcher. It is known that this sampling can be obtained at random or by the selection of a specific group.[7] It should be noted that, in the specific selected group, the criterion for the inclusion of the participants was to be FHS workers as Nursing technicians.

It is recorded that the subjects who participated in the study had, on average, 39 years of age and that the majority were female (91%), trained for more than ten years and have been working for less than five years in primary care.

It is known that the PEH workshops occurred between May and June 2018, divided into two groups, in order to maintain the operation of the FHS services. It is pointed out that the activities had as objective to discuss about the work that the participants develop in the course of services, pointing out the potentialities and difficulties of daily work, through a playful resource.

It was sought, through the initial dynamics, to identify how professionals recognize themselves as subjects at work and / or personal life. At the second moment, the participants were divided into five groups, and it was proposed the development of objects constructed with scraps that represented their work processes in the FHS.

The following questions were asked for the construction of objects: "What do I do?"; "Because I do?"; "How do I do?"; "What do I do?" and "Whom do I do?" It is noted that these questions helped in the construction of objects that materialized the work processes.

It can be observed that the third moment consisted in rationalizing the products constructed and in the discussion of the interpretations given by the groups, in order to provoke the discussion about the different views on the same product.

A structured questionnaire was also applied, containing questions about the profile of the workers and the evaluation of the activity developed in the PEH, in order to identify whether or not the activities contributed to the discussion, in what way, and what are the main difficulties in promoting changes in the work process. It should be emphasized that these questionnaires were applied through the free and informed consent that guaranteed anonymity during the research, as well as in publicizing the results.[10] Five products and 22 pre-structured questionnaires were analyzed.

As the data used for analysis in this article, the objects produced within the permanent education workshops and the discussions recorded in field journals, as well as the questionnaires containing the evaluation and profile of the participants.

For the analysis of the objects, the researchers' field diary, with the reports of the workers, and the discussions of the small and the large group were used. It turns out that then the workers, the researcher and the technicians who made the object made their interpretations.

The questionnaires were analyzed by grouping the same or similar answers. These responses were

discussed according to the themes that were addressed in the workshops during the presentation of the objects; in this way, the questionnaires formed an important instrument for capturing and validating the information obtained in the workshops.[10]

It was used, for the interpretation of the data, to Content Analysis, which, according to Minayo [11], is a methodology commonly used in qualitative studies, which analyzes texts and speeches from the frequency with which the content appears or that demonstrates relevance. This analysis is performed after the data collection, composed by the phases of categorization, description and interpretation of the data. Thus, "interference with data in a given context through specialized and scientific procedures".[11]

It is understood that the Content Analysis seeks to overcome common sense through the analysis of subjective data, with an in-depth reading, going beyond the original meanings of the material and relating the semantic and sociological topics.[11]

RESULTS

Based on the data collected, a heterogeneous group was observed regarding the year of training of participants as Nursing technicians, which ranged from one to 20 years. The difference in the duration of the FHS was also present, since 55.5% had been in service for more than five years and 44.4% for less than five years, with a maximum time of 14 years and a minimum of four months. It is added that the working time is related to the experience in the performance within the FHS, and can influence the work process and the vision regarding the user.

It is pointed out that the participants' ages ranged from 26 to 57 years, with a mean of 39 years, and the predominant gender was the female, characteristic of the Nursing categories. This characteristic of the profession since its creation is mentioned, considering historically and culturally the woman, with the role of the care, exerting influence in the actuality.[12]

It is observed that the first activity developed was the recognition of the group, aiming at presentation through objects, in order to identify how workers represent themselves before personal and professional life. The objects that were arranged in a table are described: headphones; cell phone; scarves; lipsticks; Perfumes; religious objects (rosary); engravings that refer to family and children; Teddy bears; stethoscope and lab coat. It turns out that the workers walked to the table, choosing the object with which they identified, presenting it and justifying the choice, portraying personal recognition as a subject or health worker.

It was noticed that some workers identified with the lab coat, citing the fact that they were at the door and admitting the overload and responsibility of the service. It is noted that others cited the lack of objects, such as the cup and the pillow, which refer to the process of exhaustive work, often with a double journey; however, most of the objects chosen by the workers referred to personal life and self-esteem, such as scarves, perfumes, lipsticks, and objects that referred to something familiar, such as teddy bears and children's paintings, as well as objects that represented leisure, such as headphones ear and cell phone. It should be noted that the stethoscope on the table has not been mentioned at any time, since it represents a technical object within the profession, unlike the lab coat, which represents the health professional.

It is observed that, during the presentation, workers identified themselves as professionals who promote health through prevention, promotion and rehabilitation. It is noteworthy that Silva and Pinto [13] mention the change in the health system and the creation of the UHS, together with new policies and programs and collective health work, as factors that modified this work process, culminating in a new professional profile, based on the change of workers' identity. It is thus pointed out that even imminently technical professions have incorporated the principles of UHS.[13]

Thus, workers are understood as subjects that promote health in a collective way, according to the social context of which they are part. This attitude reveals attitudes derived from working groups, and identification as a health worker brings with it a credibility, by working together with the collective space.[13]

After the presentation for the group's recognition, a brief approach was started on the topic discussed: Work Process in Health.

Through the development of the scrap workshop, a space was created to materialize the thinking and actions carried out in the work routine for later reflection. It was intended, in the reflection movement, to give consciousness and materiality to the objects, instruments and purpose of the work, as well as the methods to exercise the work and the product, considering that the agents are the health workers themselves who perform the service.

DISCUSSION

It is known that the new paradigm in the health work process aims to care, encompassing educational, preventive and investigative actions, in which the final product is aimed at improving the health conditions of users and family. It should be noted that this product is not a palpable material, considering "producing health" as a complex theme and becoming abstract in the eyes of workers and users, with a differentiated work process of the others.[14] It was proposed, through

the workshop, to materialize this work process of Nursing technicians of basic care as a way to get out of the abstract to something concrete in relation to what is produced in the daily life of the team.

It is pointed out that the first objects built with the scraps were a flower and a watering can, the watering can being smaller than the flower. It is described that in the presentation of the product, the group identified the flower as the user of the health service and the watering can as the materialization of the instruments of work necessary to maintain the health of that user. It was reported that the act of watering meant achieving the purpose of meeting the basic health needs and survival of the user, resulting, as a product, in improving the health conditions of the user. It was synthesized, therefore, by the group, that the user is a flower that needs care (to be watered) daily to stay healthy. It is then perceived that the health work process is centered on the user, represented by the flower.

It is evaluated that the work process in health represented here goes beyond procedures and consultations based on the biomedical model and advances in the understanding of the subject in its range of biopsychosocial needs, which must be understood by the health worker and translated through actions that dignify the care. It turns out that this care involves a much greater complexity than just the procedures and control of illness, valuing the individual's uniqueness and autonomy. It is understood that, in this way, there are several ways of practicing care, changing the focus of the work process in the procedure and healing for the subject as the central object. It is understood that, by becoming the user as the central object of the work process, the favoring of humanization and integrality in the service is obtained, and thus, the effectiveness of the new healthcare model.[14]

Discussions with the large group and other interpretations have been identified after the presentation, such as the fact that the flower is larger than the watering can, which could represent a much greater demand than the service can supply, referring to a feeling of impotence situations. Other interpretations are added, which identified the flower as being the health professional and the watering can, a device necessary to take care of their mental health, justifying that the condition of being in the front line of the service with the function of establishing the link between the user and the team to which the worker belongs generates tension and illness.

It is also observed that the professionals answered the structured questionnaire, bringing questions similar to those that were debated in a group. It was noticed that five workers addressed the overload and lack of time as factors that hinder the changes of the work process. It is pointed out that the work overload generates dissatisfaction in the health worker and that this factor is closely linked to the excess demands by the health service.[15] It is understood, therefore, that the user seeks the service with the objective of reaching the cure when he has an illness already installed, being attended by means of extensive schedules or the host to the spontaneous demand. It is worth noting that the two service offerings, added to the assigned region where the service should be provided and the guarantee of universality, can cause an overload on the demand of the service, pointing to this fact as a difficulty within the FHS.[15]

It was recorded that the second object was an EVA house, contemplated in a poster with the word "Love" in the center, identified as the key point for the work process, and several other keywords in around it, complementing its sense. The ceiling was composed by the words "Near", "Team", "Faith", "Population in general" and "Myself", and the base and pillars of the house were composed of the words "Prevention", "Community", " "" Orientation "," Help "," Work "," Welfare "," Health "," Welcoming "," Affect "," Choice "," Financial "," Safety "," Commitment " "," Respect "," Responsibility " and " Technical ".

Several words were then selected, forming the basis of what workers do to perform work, such as procedures, health education, and work posture. It is understood, in this sense, that the base as sustenance of the service would be everything that is executed for the care to the population, as the activities of the FHS. Note that the ceiling of the house forms the protection of the service and, in the engraving, the words that refer to the protection are formed by individuals: the staff, the population and the user. It is thus interpreted that the persons involved in the FHS are those who should promote the protection of the service in a communitarian way for the benefit of all. It is understood that, in the center, the word "Love", which refers to the work lived in act, is, according to Menrhy and Franco, [16] the production of health care, encompassing several technologies, hard, light and hard, and forming the process of health work.

In the explanation of the constructed object, the team mentioned the structuring of the house, referring to the team as the health work agents that act on the needs of the users in general, and emphasized the importance of care with love so that, in the end, the improvement in the quality of the health of the population in general can be obtained. The figure of the house was used to represent the teamwork.

From the explanation, the notion of integrality of care, encompassing all aspects of health care,

https://doi.org/10.5205/1981-8963.2019.241220

is one of the pillars of the UHS, forming a key point for the assistance within the FHS. The assistance covers all biopsychosocial needs, with respect, dignity and humanization, guaranteeing the right of access to health goods and services. It is also known that the integral care goes through activities of education, prevention, promotion and recovery of health.[17]

It can be seen that, in constructing the house, the group brought this notion of service through the words that formed the base and ceiling, considering the subject in various scopes and the assistance in their multiple faces. It should be noted that,[18] the change in the focus of the hospital's health system to basic care brings the principle of integrality together with the humanization of care, with a focus on the non-fragmented user, but within the social context.[18]

It was identified in the results of the structured questionnaires that health workers point out the importance of teamwork for change in the work process, however, they referred to difficulties such as the lack of co-responsibility and the inflexibility of some professionals in the process of change, as well as divergences in the dialogue between the team and the high turnover of the professionals, complicating the change in the work process.

It is composed by the FHS team, a collective work that ensures the integrality of the service, being important the interaction and the constant communication between the professionals, having as challenges, besides the high turnover of professionals, the devaluation of the service and the work overload. [19]

It is pointed out, therefore, that the object in question covered several aspects of the work within the basic attention, considering the subject and the unit in its totality and emphasizing the importance of the team and the user as the protection of the service, the base of all that which compose work with methods, at the center of motivation for work, giving the sense of acceptance to a home-shaped place, which refers to the warmth, security and affection.

In the third group, a poster with magazines prints containing the answers to the previously established questions, in which the object of work was quoted as being all types of audience, regardless of race, sex, age, beliefs and orientation sexual. The importance of the care of the lesbian, gay, bisexual and transgender (LGBT) public, the adequate reception and openness of the service, exemplified by the right that the transsexual has to use the social name on the UHS.

It is stated that the methods employed were the reception, guidelines, vaccines and procedures, in order to promote health, personal peace and financial return. The importance of adequate reception to achieve the purpose was evidenced by methods, especially in situations of recurrent users with more psychosocial needs than clinics, who seek the units in search of conversation and active listening. It is suggested that the final product would be the return in good health and the satisfaction of the user.

This poster showed the importance of non-discriminatory reception, dedicated to all users, and that social services are accessible to the entire population. The fact that the universality of the UHS guarantees access to the entire population should be emphasized, by Souza,[19] assuming that health is a right of all and a duty of the State. In this respect, the social rights cited by the group, as well as the right to human dignity and the care of all types of public.[20]

In this vision of universality, it is portrayed as a function of the health services, the service to the LGBT public without discrimination or exclusion, considering the health-disease process. The principles of combating prejudice and discrimination, the humanization of service and access to prevention, protection, promotion and recovery of health are included in the LGBT National Comprehensive Health Policy. It is considered that disrespecting the name of choice of transsexuals constitutes a form of violence, and that choice must be respected by the constituent entities of the UHS, with the right of the social name to be preserved.[21]

The difficulties of hosting and tending to recurrent users, who seek the service more than once during the week or almost daily, were named. This question was also identified in the structured questionnaires, when the workers reported that, from the permanent education, they had a change in the perception of these users, who enter the service with psychosocial needs, which are often not perceived by the health worker, then returning several times to the unit.

It is verified that the health needs of the population are closely linked to the living conditions, causing users to seek the service more often, not only with a clinical complaint, but with a demand not always identified in the first moment. It is observed that these demands fill the agendas and constitute a health problem, which is not always possible to solve in this instance. In most of these cases, the problem is faced with the health-disease process, considering the environment in which the user is inserted, and the resolution requires adequate reception and intersectoral support.[22]

It is emphasized that the recurrent user, with many social needs, lacks actions in basic care, however, he feels difficulties expressing himself, leading to an erroneous interpretation of his demands, which are understood as health needs.

From this problem, through the structured questionnaires, the need to have a qualified health network was defined, recognizing, then, helplessness in this sense. The lack of intersectoral support was cited in the coverage of a larger demand, with needs that the basic unit can not supply. It is related that the recurrent user and the social needs of health go beyond the primary health care service, needing the help of other sectors, since the health needs take into account social aspects such as access to housing, food, safety, education, social, emotional and psychological relationship.[22]

It is pointed out that for this user, a flow of care and an adequate health system is necessary, however, it is a difficulty, especially when basic care performs emergency actions, with little emphasis on promotion and prevention of health.[22]

It is observed that intersectoriality, in turn, includes the integration of several services for the improvement of quality and health conditions; intersectoral support thus requires the action of these social services to solve the problems of the population, considered complex, through debates and joint decisions. From the planning of actions, the fragmentation of care and the dichotomy of knowledge are overcome, obtaining an understanding of reality, which requires shared actions of the entities involved.[23]

The idea of universality was indicated by the group in question when addressing both issues: highlighting the LGBT population and the recurrent user. The notion of integrality of care was also proposed, and during the discussion with the large group the difficulties in attending to those who needed intersectoral and multiprofessional approaches were mentioned.

It is noted that the fourth group constructed a poster containing responses with magazine pictures in which the object represented was the population in general, associated with a method, plus the appropriate host, with active listening, good care, and attention to the user at the door entry, prevention, treatment and rehabilitation. The methods were translated by the availability of resources and often by improvisation in the absence of adequate material or structure.

The product of the work was represented by the need to meet all demands, however, these are greater than the capacity of the service, resulting in a "selection" at the time of service. Due to this demand and selection, the centrality in the medical care is shown, causing crowded schedules, queues and the lack of clinical evaluation in the reception for care, influencing the organization of the service.

It is emphasized that the user usually uses the basic attention service still influenced by history and, culturally, by the biomedical model, with the purpose of obtaining medical consultations and examinations; however, the FHS should prioritize the improvement of health quality with a focus on prevention and health promotion, acting within the assigned territory with good coverage. It is verified, then, that the medical professional stops being the focus of the health service and becomes part of the team. [24]

The importance of not becoming mechanized work was mentioned in the structured questionnaires, however, difficulties were reported in the physical structure, such as the fact that a suitable reception is not possible in cases where this space works in conjunction with the lack of material resources to perform the work.

The lack of homogenization of the service was also reported, in which the entire team needs to have a suitable host with available time (speaking the same language). Inadequate infrastructure is identified as a factor that interferes with work in the FHS.[24]

It is pointed out, by Magnago and Pierantoni,[24] the difficulties in changing the biomedical model to the new FHS guidelines, both by users and by health professionals who are not qualified enough for this type of action, especially regarding the dichotomy between theory and practice. In this sense, there is a resistance to change, with difficulties in the health education process, prevention measures and the creation of links.[23]

It is observed that the fifth and last group made a poster with pictures of magazines, describing the users and their methods of reception. It is evaluated that users, who usually complain of their pain, need care, and may become hostile because they consider their emergent need. As working methods, guidelines, procedures, home visits and dialogue were included, considering the door of entry of the service, taking into account that the assistance begins in the first service.

The improvement of the health and living conditions of users, taking into account population health, peace and personal financial needs, was considered as a product, highlighting the influence of intimate problems in the work process and fatigue resulting from double working hours.

The structured questionnaires were identified as factors of difficulty in the work process, the lack of professional recognition suffered by the category and the invisibility of the work by the user and the team. According to the workers, this invisibility is materialized when the user provides care only when it is passed to the medical consultation, not recognizing the reception as a health care.

It should be noted that, according to Baggio and Erdmann,[25] this invisibility is the fruit of the biomedical model prevalent in common sense, comprising the category as submissive or auxiliary of the physician, provoking, in the professional, the feeling of devaluation and making difficult the

service in the basic attention. This situation is potentiated in the context of the Nursing team by the hierarchy between the technician and the nurse. It is considered that, besides this aspect, the salary devaluation of the category increases the feeling of frustration and the invisibility in the Nursing technician, who looks for another employment bond, causing the overload of work.[25]

The difficulties encountered by the health system itself, such as the difficulty in taking care of the patient in situations where other health professionals (doctors, nurses) can not meet the demand. It turns out that the user then sees a demand that is not resolved by the service and requires service. It is understood that the nursing technician is the one who mediates this situation.

It is noteworthy that the team problems were also cited after the reception, such as cases in which the doctor partially meets the demand and the remaining users are passed on to the nurse, who sometimes also can not complete the care, leading to ignorance by the Nursing technician on how to proceed in these situations.

The reports made by the professionals who are responsible for receiving and referrals have been studied, except in two FHS, where the nurse develops this activity. It was observed that the host, according to the reports, aims to refer the user to the medical service, after completing the medical consultations, transferring the repressed demand to the nurse, without the use of adequate criteria, taking the Nursing consultation as option, when the medical agenda does not meet the demand, thus trying to satisfy the user.

It is considered, in turn, the Nursing consultation a technology of care with scientificity, having its importance and autonomy recognized.[26] However, it is used as a second resource when there are no more vacancies for medical consultations, devaluing this practice in the perception of the majority of the group members.

It is also understood that the acceptance of spontaneous demand goes beyond the referral to consultations, it is necessary to recognize the complaints of the users and to realize that he is already looking for the health system with urgent needs. It is evaluated that this demand must be accepted, analyzed by the worker and problematized with the user to obtain recognition and importance. The actions of triaging the demand and classifying it in terms of risk and priority are recognized as important, recognizing the demands that go beyond what the FHS offers and creating a bond with the user.[27]

It is postulated that, focusing on the difficulties arising from the reception in health, the group understands the difficulties in referring the demands received to the medical consultation, which is a reflection of the organization of the work process based on the centrality of medical care.

It is stated that the reorganization of the care model must be guided by the principles and guidelines of the UHS, which have, in the host, its structuring axis. In this sense, it is necessary to recognize the weaknesses of the FHS service and the struggle to overcome the biomedical health model.

CONCLUSION

It is concluded that the workshops about the work process, which initially seemed abstract, were materialized by the workers themselves in a simple way, however, understanding some UHS principles. During the evaluation, the perception of the idea of care, based on the concepts of completeness, universality and intersectoriality, even though not directly mentioned, was verified. Recurrent user complaints were also identified regarding perceived difficulties in the network.

It is allowed, through the results, to infer that the work object of the Nursing technician is the user of the health service, who seeks the service with a focus on the medical consultation; however, this professional has his or her widened look at health production, encompassing the biopsychosocial aspects of the individual.

The importance of the daily care of the team with the population is reflected in the constructed objects. The perception of the integrality of the care, which must permeate all the practices involved, is represented in one of the constructed objects, for a better maintenance of the service in progress and of the universality of care, which aims to cover the entire population, regardless of race , economic, social or sexual orientation.

It is evaluated that the citations gave a view to the importance of the reception with qualified attention to the recurrent users, who feel the difficulties in this practice, reflecting the biomedical model in health, rooted in the practices and attitudes of the workers and users.

It is considered, since workers are the door of entry of the service, despite the perception about the needs of the subject, that go beyond the biological illness, the difficulties to determine the correct way to direct the users, taking into account the model established. It should be noted, however, that the user seeks the service through the biomedical model for immediate resolution, making the invisibility of the work itself felt by the team and the users.

The demands identified after the analysis of the questionnaires and contents from the permanent education workshops are listed: work overload; difficulties in the health care network in the care and referral of the user and the new vision of the recurrent user after the participation in the Permanent Education in Health workshops,

which reinforces the results analyzed through the objects of the workshops.

The importance of the promotion of the space for conversation and exchange of experiences was reported on the part of the technicians, in order to promote a change in the work process through reflection, as well as the communication of the team to overcome the difficulties in relation to the user.

It was concluded that the recognition of the work process of the Nursing technicians of the FHS was achieved as a goal of the PEH. It is pointed out that workers in the technical category have a broad view, with the work process centered on the individual and not on the procedures, giving the idea of humanization of the service, however, they struggle to overcome the biomedical model, still hegemonic, with repercussion in work overload and in professional devaluation.

The need to expand PEH's actions was highlighted by the study, with spaces for the debate about what to do, how to do, why to do, and especially for who or what to do. It is postulated that this questioning about the health services network serves as a form of growth, reflection and humanization to work processes, in order to prevent the reproduction of actions and techniques perpetuated within a non-resolving health model.

REFERENCES

1. Fertonani HP, Pires DEP, Biff D, Scherer MDA. The health care model: concepts and challenges for primary health care in Brazil. Ciênc Saúde Colet. 2015 June;20(6):1869-78. Doi: http://dx.doi.org/10.1590/1413-81232015206.13272014

2. Nauderer T, Lima MADS. Nurses' practices at health basic units in a city in the South of Brazil. Rev Latino-Am enfermagem. 2008 Sept/Oct;16(5):889-94. Doi: 10.1590/S0104-11692008000500015

3. Batista KBC, Gonçalves OSJ. Education of health professionals for the SUS: meaning and care. Saúde Soc. 2011 Oct/Dec;20(4):884-99. Doi: http://dx.doi.org/10.1590/S0104-12902011000400007

4. Silva KL, Matos JAV, França BD. The construction of permanent education in the process of health work in the state of Minas Gerais, Brazil. Esc Anna Nery Rev Enferm. 2017;21(4):e20170060. Doi: 10.1590/2177-9465-EAN-2017-0060

5. Ministério da Saúde (BR), Gabinete do Ministro. Portaria Nº 2.488, de 21 de Outubro de 2011 [Internet]. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS). Brasília: Ministério da Saúde;2011 [cited 2018 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2488_21_10_2011.html

6. Sanna MC. Work processes in Nursing. Rev Bras Enferm. 2007 Mar/Apr;60(2):221-4. Doi: http://dx.doi.org/10.1590/S0034-71672007000200018

7. Peduzzi M, Anselmi ML. The nursing work process: the separation between planning and care delivery. Rev Bras Enferm. 2002 July/Aug;55(4):392-8. Doi: http://dx.doi.org/10.5935/0034-7167.20020086

8. Flick U. Desenho da pesquisa qualitativa. Porto Alegre: Artmed;2009.

9. Silva JC, Morais ER, Figueiredo MLF, Tyrrell MAR. Action research: concepts and applicability in nursing studies. Rev Bras Enferm. 2011 May/June;64(3):592-5. Doi: http://dx.doi.org/10.1590/S0034-71672011000300026

10. Chaer G, Diniz RRP, Ribeiro EA. A técnica do questionário na pesquisa educacional. Evidência [Internet]. 2011 [cited 2018 Aug 10];7(7):251-66. Available from: http://www.uniaraxa.edu.br/ojs/index.php/evidencia/article/view/201/187

11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 9th ed. São Paulo: Hucitec; 2006.

12. Souza LL, Araújo DB, Silva DS, Bêrredo VCM. Representations of gender in nursing practice from the perspective of students. Ciênc Cognição [Internet]. 2014 [cited 2018 Aug 10];19(2):218-32. Available from: http://www.cienciasecognicao.org/revista/index.php/cec/article/view/908/pdf_13

13. Silva VO, Pinto ICM. Construction of the identity of public health players in Brazil: a review of the literature. Interface comun saúde educ. 2013 July/Sept;17(46):549-60. Doi: http://dx.doi.org/10.1590/S1414-32832013000300005

14. Faria HX, Araujo MD. An analysis perspective on the work process in the area of health: the production of care and the production of subjects. Saúde Soc. 2010 June;19(2):429-39. Doi: http://dx.doi.org/10.1590/S0104-12902010000200018

15. Soratto J, Pires DEP, Trindade LL, Oliveira JSA, Forte ECN, Melo TP. Job dissatisfaction among health professionals working in The family health strategy. Texto contexto-enferm. 2017 Sept;26(3):e2500016. Doi: http://dx.doi.org/10.1590/0104-07072017002500016

16. Merhy EE, Franco TB. Trabalho em saúde. Dicionário da educação profissional em saúde [Internet]. Brasília: Ministério da Saúde; 2014 [cited 2018 Dec 21] Available from: http://portalarquivos.saude.gov.br/images/pdf/20

14/setembro/23/Trabalho-em-Saude-Merhy--Franco.pdf

17. Silva FCS. The principle of full assistance and the challenges in applying it in public health. Rev Saúde Desenvol [Internet]. 2015 Jan/Dec [cited 2018 Aug 9];7(4):94-107. Available from: https://www.uninter.com/revistasaude/index.php/saudeDesenvolvimento/article/download/373/274

18. Fracolli LA, Zoboli ELP, Granja GF, Ermel RC. The concept and practice of comprehensiveness in primary health care: nurses' perception. Rev esc enferm USP. 2011 Oct;45(5):1135-41. Doi: http://dx.doi.org/10.1590/S0080-62342011000500015

19. Uchôa AC, Vieira RMV, Rocha PM, Rocha NSD, Maroto RM. Multiprofessional teamwork in child rehabilitation. Physis. 2012;22(1):385-400. Doi: http://dx.doi.org/10.1590/S0103-73312012000100021

20. Souza AMC. Universality of health care in Brazil and the contradictions of its denial as everyone's right. Rev Katálysis. 2014 July/Dec;17(2):227-34. Doi: http://dx.doi.org/10.1590/S1414-49802014000200008

21. Ministério da saúde (BR), Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais [Internet]. Brasília: Ministério da Saúde;2013 [cited 2018 Aug 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf

22. Viegas APB, Carmo RF, Luz ZMP. Factors associated to the access to health services from the point of view of professionals and users of basic reference unit. Saúde Soc. 2015 Jan/Mar;24(1):100-12. Doi: http://dx.doi.org/10.1590/S0104-12902015000100008

23. Garcia LMT, Maio LG, Santos TI, Folha CBJC, Watanave HAW. Intersectorality in health in Brazil at the beginning of the XXI century: a portrait of experiences. Saúde debate. 2014 Oct/Dec;38(103):966-80. Doi: 10.5935/0103-1104.20140083

24. Magnago C, Pierantoni CR. Difficulties and confronting strategies regarding the work management in the Family Health Strategy, in the perspective of local managers: the experience of the municipalities of Rio de Janeiro (RJ) and Duque de Caxias (RJ). Saúde debate. 2015 Jan/Mar;39(104):7-19. Doi: http://dx.doi.org/10.1590/0103-110420151040194

25. Baggio MA, Erdmann AL. The (in)visibility of caring and of the profession of nursing in the relations space. Acta Paul Enferm. 2010;23(6):745-50. Doi: http://dx.doi.org/10.1590/S0103-2100201000060

26. Dantas CN, Santos VEP, Tourinho FSV. Nursing consultation as a technology for care in light of the thoughts of bacon and galimberti. Texto contexto-enferm. 2016 Mar;25(1):e2800014. Doi: http://dx.doi.org/10.1590/0104-0707201500002800014

27. Ministério da Saúde (BR), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Acolhimento à demanda espontânea [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2018 Aug 09]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/acolhimento_demanda_espontanea_cab28v1.pdf

Submission: 2019/05/24
Accepted: 2019/06/22
Publishing: 2019/07/25

Corresponding Address

Patricia Marafon Silva
E-mail: patriciamarafonsilva@gmail.com